East of England

School of Obstetrics and Gynaecology

Reference for SITM

Trainee Name:	
SITM applied for:	
Referee Name (must be substantive consultant) & Position:	
Do you support this resident doctor's choice of SITM	Yes / No If No please explain why:

Please comment on the surgical skills of the resident doctor if the SITM is one of the following: **Gynaecological surgical care** **Oncology** **Management of complex non-malignant disease** **Urogynaecology and vaginal surgery** **Management of subfertility** **Robotic assisted gynaecological surgery**	
Please comment on the scanning skills of this resident doctor if they are applying for the following SITM: **Prenatal diagnosis** **Management of subfertility** **Complex early pregnancy and non-elective gynaecology**	

Do you think the resident doctor will be able to complete the SITM with the necessary training?	
Any other comments regarding the resident doctor?	

Signature of Referee……

Date …….